

Attorney Docket No. 09976-5
Ref. No. OB0014US

DECLARATION AND POWER OF ATTORNEY
(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my
name.

I believe I am the original, first and sole inventor (if only one name is listed
below) or an original, first and joint inventor (if plural names are listed below) of the subject
matter which is claimed and for which a patent is sought on the invention entitled

the specification of which (check one)

- ☒ is attached hereto.
☐ was filed on _____
as Application No. _____

I hereby state that I have reviewed and understand the contents of the
above-identified specification, including the claims, as amended by any amendment referred to
herein.

I acknowledge the duty to disclose information which is material to patentability
in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code,
Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below
and have also identified below any foreign application for patent or inventor's certificate having a
filing date before that of the application on which priority is claimed:

FOREIGN PRIORITY APPLICATION(S)

10-145036	Japan	11/05/1998
(Number)	(Country)	(Day/month/year filed)
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(Number)	(Country)	(Day/month/year filed)

Priority Claimed

☒ Yes ☐ No

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

PROVISIONAL PRIORITY PATENT APPLICATION(S)

		<u>Priority Claimed</u>
(Application No.)	(Filing Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Filing Date)	

And I hereby appoint Ronald L. Panitch, Registration No. 22,825; William W. Schwarze, Registration No. 25,918; Alan S. Nadel, Registration No. 27,363; Leslie L. Kasten, Jr., Registration No. 28,959; Joel S. Goldhammer, Registration No. 22,130; John Jamieson, Jr., Registration No. 29,546; Martin G. Belisario, Registration No. 32,886; Lynda L. Calderone, Registration No. 35,837; Charles E. Bergère, Registration No. 36,337; Steven H. Meyer, Registration No. 37,189; Randolph J. Huis, Registration No. 34,626; Clark A. Jablon, Registration No. 35,039; Christopher Egolf, Registration No. 27,633; Kathryn Leary, Registration No. 36,317; Gary D. Colby, Registration No. P-40,961; and Catherine M. Joyce, Registration No. P-40,668, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

000570



Address all correspondence to **PANITCH SCHWARZE JACOBS & NADEL, P.C.**, 1601 Market Street, 36th Floor, Philadelphia, Pennsylvania 19103. Please direct all communications and telephone calls to Leslie L. Kasten, Jr. at 215-567-2020.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

~~or first~~ inventor Nobuhito MATSUSHIRO

Inventor's Signature Nobuhito Matsushiro

Date April 27, 1999

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Full name of second joint
inventor, if any _____

Inventor's Signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of third joint
inventor, if any _____

Inventor's Signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____